U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

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3. Name and address of person filing.					4. Name, file number, and address of labor organization.					
Name	David	w Co	orless		Name	Brotherhood o	f Locomotiv	e Engineer	s & Trainmen	
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5. Positi	ion in labor organization.		enag							
	Legislative			esentative D	ıv. 182	v. 182				
Name Trade	Name, if any:	including	trade name, if a	any).	7.a. Natu	ire of Interest, Transa	ction, or Income.		-	
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State	itted in this report (including rsigned's knowledge and be	the infor	ersigned declare	Sigues, under penalty of d in any accompan	Perjury an	ents), has been exam	ined by the signa ons.)	that all of the intory and is, to th	e best of the	

Name of Person Filing David Corless	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any).	9. Business deals with:							
Name	a. Labor Organization							
Trade Name, if any:	b. Trust							
P.O. Box, Bldg., Room No., if any	c. Employer							
Street	Essenance d							
City								
State ZIP Code + 4								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name Control of the Control of th		overfellmenterpress						
Trade Name, if any:		en decentration in the second state in the sec						
P.O. Box, Bldg., Room No., if any		and control of the co						
Street	11.b. Approximate dollar value of such dealing.							
City	12.a. Nature of interest held or income received.							
State ZIP Code + 4								
	12.b. Amount.							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.							
Name Gray, Ritter and Graham	This is a law firm that took my wife and me out to eat a few times. I estimate that it was probably around 4 times and the meals were probably around \$25 for both of us each time.							
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any	Research Control of Co							
Street 701 Market Street, Suite 800	Managine Committee Committ	положения						
City St. Louis	· ·	autzziwymolitysk						
State Missouri ZIP Code + 4 63101-1826								
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$100						